



Registration Form

Please note that the name and title you give here will be printed on participants' list and on certificates.

Participant Information

First name _____ Last name _____

Organization _____ Designation _____

Country _____

Telephone: _____ Fax: _____ E-mail: _____

Training Fee

Training fee include admission to training sessions, tea/coffee, lunch, study materials and Certificate.

Event Name	Fee
Two Days Specialized Training on Halal Food Management & Safety November 27-28, 2025 - Dubai, UAE	395 USD

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full training fee. I have taken notice of the cancellation terms on this form.

Additional Instructions

- ❖ **Payment Information:** Registration forms must be accompanied by full payment in order to be processed.
- ❖ **Full payment** is due on registration
- ❖ **Confirmation:** Please allow 3 days for e-mail confirmation of your registration.
- ❖ **Registration:** will not be confirmed until full payment has received



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Date: ____/____/____ Signature: _____